Permit Number: Date Received: 1/4/200 Parcel Number: 82000990700
Any questions regarding construction permit please contact City Clerk-Treasurer by calling 218-302-5996 or stopping by the city office at 111 Main Street Vergas MN.
Construction Permit Application To the City Council of the City of Vergas in the County of Otter Tail, State of Minnesota: Application is hereby made by the undersigned for a Construction Permit as provided by City Ordinance as adopted by the City of Vergas.
<ul> <li>GOPHER STATE ONE CALL MUST BE NOTIFIED 48 HOURS PRIOR TO ANY DIGGING, CALL 1-800-252-1166 AS REQUIRED BY MINNESOTA STATE LAW.</li> <li>THE CITY OF VERGAS WILL CHECK ALL SETBACKS ON ANY NEW CONSTRUCTION. IT IS THE <u>APPLICANT'S RESPONSIBILITY</u> TO HAVE ALL PROPERY LINES LOCATED. ALL NEW CONSTRUCTION REQUIRES THE</li> </ul>
APPLICANT TO MARK THE PROPOSED BUILDING SITE AND PROPERTY LINES BEFORE THE CONSTRUCTION PERMIT WILL BE APPROVED.
<ul> <li>All Electrical work MUST have an electrical permit. That must be obtained separately from a MN State Contract Electrical Inspector (218)342-3345 or (218)849-6059.</li> <li>Property Description: (NEW CONSTRUCTION ONLY)</li> </ul>
Lot Block 9, Addition School Best Toporty: Width feet, Length feet  Must supply City with a \$1,000 deposit for tar break up. City will reimburse \$1,000 when project complete and street is approved by Utilities Superintendent.
PLEASE NOTE: WITH ANY NEWLY CONSTRUCTED HOME, THERE ARE FEES FOR START UP OF UTILITIES. WATER HOOK-UP ASSESSMENT IS \$750.00, SEWER IS \$750.00.  Name of Applicant: Day  Address of Construction Project: 251 187 ALE N
Address of Construction Project: 23/ 187 Nue N  Mailing Address: Same Phone: 218-234-6085
1. Permit to (CIRCLE ONE)  Build Install Addition Alter  Move Demolish Repair Remodel  Description of work to be done:  ADDITION To GOIT AGE
2. Proposed use of building: (CIRCLE ONE) Residential Commercial
3. VALUATION (not just your cost) of work being completed: \$ \$ \tilde{\psi} \cdot \c
Building Contractor: $My Self$
Name: License Number: Phone:
Plumber: (must have MN License)
Name: License Number: Phone:
Electrician:
Name: License Number: Phone: Phone: Form approved by City of Vergas Council 09/12/2017
Updated 5/10/2022

	be subn	nitted for any	new construction	on, add	ition or remo	odel.	Ü	0		
5.	Certification: I hereby certify that I am the applicant herein and that the information given above and/or any exhibits submitted herewith is in all respects true and accurate to the best of my knowledge and belief, and further, if this permit is granted, said construction will comply with plans and specifications herewith submitted and applicable requirements of the City of Vergas.									
6.	I am th	ne (CIRCLE C	OWNE	9/	LESSEE	PURCHASE	3	AGENT		
7.	7. APPLICANT'S SIGNATURE:  DATE:  Permit expires in one year if project is not complete, please re							r permit.		
CONSTRUCTION APPLICATION SITE PLAN DESIGN										
Provided on separate sheet must include the following.										
1.	1. Identify and describe the work to be covered by the permit for which application is being made									
<ul><li>A. Sketch of the proposed project including current and proposed structures.</li><li>B. Note the lot size and dimensions and locations of proposed project.</li></ul>										
I do hereby say that the facts stated by me in the site application are true to the best of my knowledge and belief. Please be aware that no construction shall begin until the Zoning official has approved the plans and revisions the site plan it necessary and has indicated approval to begin.										
Signat	ture of A	pplicant	Date	_	Zoni	ng Official	D	ate		
**************************************										
\$		Water Hook	-up	\$	S	ewer Hook-up				
\$	£0. ∙	Permit Fee		\$_		Гаг Break Up Depo	sit			
\$	50. ·	Total	Fees							
Receipt # 149387 Date Paid July 14,20 3										
Sig	gnature:		itting Authority)		Date:	, 20				
		(Perm	itting Authority)							
Da	te Approv	ed by Planning	g Commission or	Clerk-	Treasurer:	, 20				

4. Attached a "Site Plan," showing the proposed location of any new construction in reference to the property including existing buildings. If you have a copy of a professionally prepared site plan, attach a copy for review by the City's Site/Zoning Inspector. Blueprint or Design Drawings must

## CONSTRUCTION APPLICATION SITE PLAN DESIGN

1. Please identify and describe the work to be covered by the permit for which application is being made on the line provided below: 16' x 28' ADDITION To garage

Please sketch the proposed project on the graph below. Describe the land on which the 2. Proposed work is to be done (note the lot size and dimensions and locations of proposed

I do hereby say that the facts stated by me in the above site application are true to the best of my knowledge and belief. Please be aware that no construction shall begin until the Zoning official has approved the plans and revisions the site plan if necessary, and has indicated approval to begin.

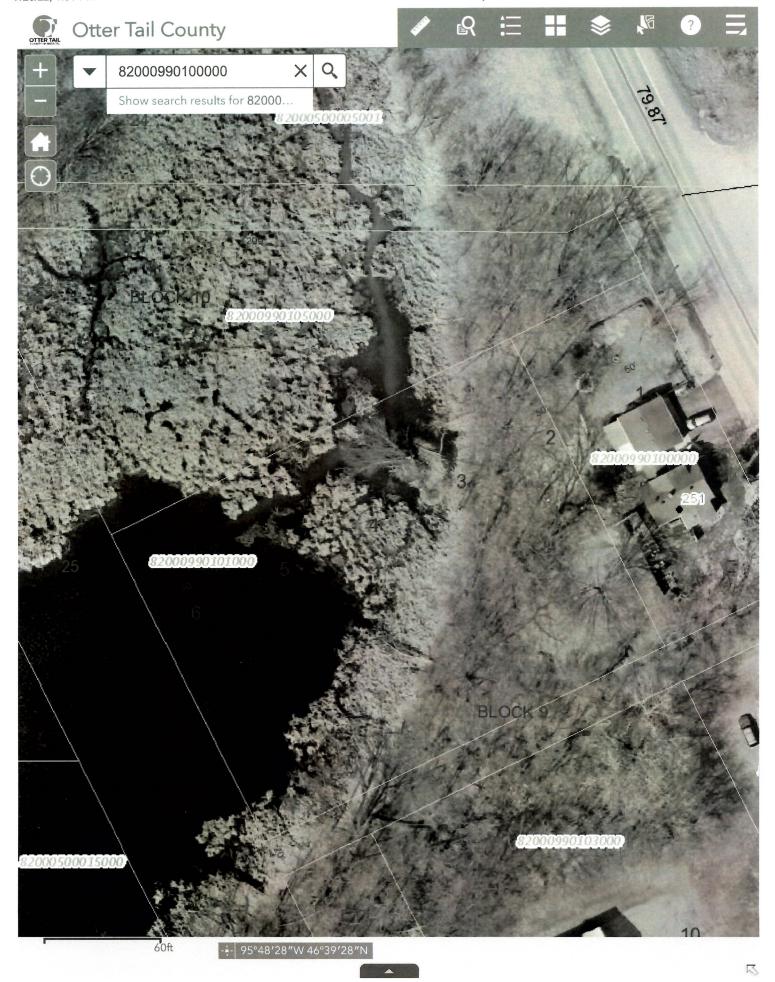
Signature of Applicant Date

Zoning Official

Date

Form approved by City of Vergas Council 11/07/2011

pode 14fet



Address: 251 1<sup>st</sup> Ave N Parcel: 820009900100000 & 820009900105000

Property located in R-1 zoning

Lot:

.68 Acres

Impervious Surface Availability: 30% per Vergas Ordinance-

25% per Lakeshore Management-n/a

Proposed Impervious Surface: 4,48 square feet

Garage Addition: 448 square feet -

**Current Impervious Surface: House** 

Garage Shed Asphalt

Set Back Requirements:

Vergas:

Front yards. Not less than 25 feet; 35 feet

Side yards. 10 feet. 84 feet

Rear yards. 25 feet. 275 feet

Structure height. No structure shall exceed 2 stories or 35 feet, whichever is less. 22 feet

Foundations. All dwellings shall be placed on a permanent perimeter foundation of concrete, masonry, or treated wood construction and shall include frost footings in compliance with the Minnesota State Building Code. Frost Footings